

**ALACHUA COUNTY DEMOCRATIC EXECUTIVE COMMITTEE
MEMBERSHIP APPLICATION**

Please check that the name and voting address you use below is the same as your current, official voter record. Please print all information. Thank you!

I, (name) _____, residing in Precinct # _____, do hereby apply to be a Precinct ____ Committeeman ____ Committeewoman (check one) on the Alachua County Democratic Executive Committee, in accordance with provisions of the Bylaws of the Florida Democratic Party, Article V, Section 1.

CONTACT INFORMATION

Voting address: (Street Address) _____

(Apt. #) _____ (City) _____ (Zip) _____

Mailing address (if different from voting address): _____

Email _____

Cell Phone _____ **Other phone** _____
Circle preferred phone

BACKGROUND INFORMATION Please describe briefly:

How long you have lived in Alachua County _____

Your goal(s) in joining the Alachua County DEC _____

Your main interest(s) _____

Your previous political experience _____

Your work background _____

Specific skill(s) - computer, organizational, graphic, etc. _____

Any additional information you would like us to know _____

COMMITTEES, CLUBS OR CAUCUSES Please put a check by your top two or three preferences from the Alachua County DEC Clubs, Caucuses and Standing Committees listed below. Indicating your preferred choices is not a final commitment on your part, nor does it guarantee that you will be appointed to one of those choices. However, our goal is to match you up with your interests, and this information will help us to do that.

Clubs and Caucuses

- | | |
|--|---|
| <input type="checkbox"/> Black Caucus | <input type="checkbox"/> College Democrats |
| <input type="checkbox"/> Hispanic Caucus | <input type="checkbox"/> Young Democrats |
| <input type="checkbox"/> Democratic Women’s Club | <input type="checkbox"/> Democrats Veteran’s Caucus |
| <input type="checkbox"/> Stonewall Democrats | <input type="checkbox"/> Democrats with Disabilities Caucus |

Standing Committees *A description of each committee’s responsibilities is provided separately.*

- | | |
|---|--|
| <input type="checkbox"/> Budget | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Campaign Planning | <input type="checkbox"/> History |
| <input type="checkbox"/> Communications and Media | <input type="checkbox"/> Legislative |
| <input type="checkbox"/> Grievance | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Planning and Research | <input type="checkbox"/> Precinct Leader Development |
| <input type="checkbox"/> Policy and Bylaws | <input type="checkbox"/> Tabling |
| <input type="checkbox"/> Membership and Credentials | <input type="checkbox"/> Veteran’s Affairs |
| <input type="checkbox"/> Diversity and Inclusion | <input type="checkbox"/> Young Democrats |
| <input type="checkbox"/> Events | |

For more information about these groups, please click this link [clubs&caucuses](#)

SIGNED AND DATED _____ Today’s date

Once you have completed both sides of this application, please return it to the address below. Please include the application, and both the signed and notarized Candidate Oath and Loyalty Oath.

By mail: Alachua County DEC, *Attn: Membership Chair*
PO Box 5216, Gainesville, Florida 32627

In person: Alachua County DEC, 901 NW 8th Ave., Gainesville, Florida 32601

Questions? Call 352 373 1730

This space below for Membership Committee use:

Registration/address verified by (name) _____ on (date) _____

Source: Vote Builder Supervisor of Elections

Florida Democratic Party LOYALTY OATH

County of _____, Florida

I, _____, having been duly sworn, say that I am a member of the Democratic Party,

that I am a qualified elector of _____ County, Florida; that during my term of office, I will not support the election of the opponent of any Democratic nominee, I will not oppose the election of any Democratic nominee, nor will I support any non-Democrat against a Democrat in any election other than in judicial races; that I am qualified under the Constitution and Laws of the State of Florida and the Charter and Bylaws of the Florida Democratic Party to hold the office I am seeking, or to which I have been elected; that I have not violated any of the laws of the State of Florida relating to election or the Charter and Bylaws of the Florida Democratic Party.

Print Name

Signature

OPTION 1. SIGNED BY A NOTARY PUBLIC

(Use either Option 1 OR Option 2.)

STATE OF FLORIDA	
COUNTY OF _____	
Sworn to and subscribed before me this _____ day of _____, 20_____, by <i>(name of person making statement)</i> _____.	
_____ <i>Signature of Notary Public – State of Florida</i>	
_____ <i>Name of Notary typed, printed or stamped</i>	
<input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification	Type of ID Produced: _____

OPTION 2. SIGNED BY TWO WITNESSES

(Use either Option 1 OR Option 2.)

WITNESS #1	
_____ <i>Date</i>	_____ <i>County</i>
_____ WITNESS #1: Print Name	
_____ <i>Signature</i>	
_____ <i>Address</i>	
_____ <i>City</i>	
_____ <i>State</i>	_____ <i>Zip Code</i>

WITNESS #2	
_____ <i>Date</i>	_____ <i>County</i>
_____ WITNESS #2: Print Name	
_____ <i>Signature</i>	
_____ <i>Address</i>	
_____ <i>City</i>	
_____ <i>State</i>	_____ <i>Zip Code</i>

**CANDIDATE OATH -
PRECINCT COMMITTEEMEN AND
COMMITTEEWOMEN**

OFFICE USE ONLY

OATH OF CANDIDATE (Section 99.021, Florida Statutes)

I, _____
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT * -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Precinct Committeeman Committeewoman Precinct Number _____.

I am a qualified elector of _____ County, Florida; I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): _____

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

STATEMENT OF PARTY (Section 99.021, Florida Statutes)

I am a member of the _____ Party; I have not been a registered member of any other political party for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, as a candidate for said office by the executive committee of the political party, of which I am a member.

X

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Signature of Candidate

Telephone Number

Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ **day of** _____, **20** _____.

Personally Known: _____ or

Produced Identification: _____

Type of Identification Produced:

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public